



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/13/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NJR000038885
INSTALLATION NAME	KANDALL MFG - FORMER
INSTALLATION ADDRESS	26 OAK ST EAST RUTHERFORD, NJ 070731204
MAILING ADDRESS	50 OAK ST EAST RUTHERFORD, NJ 070731204

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: KANDALL MFG - FORMER
or Current Occupant
ATTN: GLEN DAVITA - MGR
50 OAK ST
EAST RUTHERFORD, NJ 070731204**

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)11-07-07
1007 08 AON**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJR000038885

II. Name of Installation (Include company and specific site name)

FORMER KANDALL MANUFACTURING

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

26 OAK STREET

Street (continued)

City or Town

EAST RUTHERFORD

State

ZIP Code

NJ 07073 -

County Code

County Name

BERGEN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

50 OAK STREET

City or Town

EAST RUTHERFORD

State

ZIP Code

NJ 07073 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

DAVITA

(first)

GLEN

Job Title

Phone Number (area code and number)

201-933-8555

VI. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box

Location

Mailing

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

PERMALINED

Street, P.O. Box, or Route Number

50 OAK STREET

City or Town

EAST RUTHERFORD

State

ZIP Code

NJ 07073 -

Phone Number (area code and number)

201-933-8555

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

Call Craig Dorcyca (201) 560-1400

address verified just was spoke with Craig 11/7/01 9:25

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)**A. Hazardous Waste Activity**

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) Note: A permit is required for this activity; see instructions.
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control**B. Used Oil Fuel Activities**

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) -
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 2. Specification Used Oil Fuel Marketer
 (or On-site Burner) Who First Claims
 the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐
 (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
X002	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

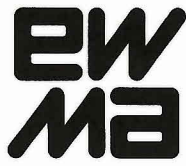
Manager

Date Signed

10/22/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**Environmental Waste
Management Associates**

Corporate Headquarters:
100 Misty Lane
P.O. Box 5430
Parsippany, NJ 07054
phone (973) 560-1400
fax (973) 560-0400
website - www.ewma.com

Sent via Priority Federal Express

October 29, 2001

Mr. Jack Hoyt
US EPA - Region II,
290 Broadway, 22 Floor
New York, NY 10007-1866

Re: Request for EPA ID Number
Former Kandall Mfg.
26 Oak St., East Rutherford, NJ
EWMA Case No. 200702

Dear Mr. Hoyt:

Enclosed please find a "Notification of Regulated Waste Activity" for the above referenced facility. Please call me with the EDA ID Number when assigned.

If you have any questions or require any additional information, feel free to call me at (973) 560-1400, Ext. 145.

Sincerely,
Environmental Waste Management Associates, LLC

A handwritten signature in blue ink, appearing to read 'Craig Gorczyca', is written over the typed name.

Craig Gorczyca, CHMM
Director, Operations & Waste Management Services

Enclosure